

INTERMEDIARY DETAILS

Branch Code Employee Code Intermediary Code

PROPOSER'S DETAILS

- I. a) Proposer's Full Name: _____
 b) Correspondence Address: _____
 Pin. Code: _____ Phone No: _____ Mobile: _____ Email ID: _____
 c) Risk Location Address: _____
 Pin. Code: _____ Phone No: _____ Mobile: _____ Email ID: _____
 c) Nature of Trade or Business: _____
 d) Occupancy Details: _____

DETAILS OF PROPERTY INSURED UNDER FIRE INSURANCE

Sum Insured Description	Amount (in Rupees)
1) Plant Machinery & Equipments	
2) Boiler Pressure Plant	
3) Building	
4) Plinth & Foundation	
5) Furniture, Fixture & Fittings	
6) Stock in Trade	
7) Electronic Equipments	
8) Electrical Installations	
9) Others	

Please attach the following details for Machinery, Boiler Pressure Plant & Electronic Equipments & Portable Equipments:

Sl. No.	Type of Equipment	Make	Model	Serial No.	Value (in Rs.)

(Please attach separate sheet for additional information)

- 1) Do you have the valid Annual Maintenance Contract for the Machinery to be insured above?

Yes

No

If yes please provide the copy of the same

COVERAGE DETAILS

1) Is the property specified in Schedule A & B insured against material damage risk i.e. Fire and/or explosion? Yes No

If yes, please state

- a) Name of the Insurer: _____
 b) Title of the Policy: _____
 c) Policy Nos.: _____
 d) Period(s) of Insurance: from _____ to _____

2) Give description of the manufacturing process and utility supplies such as power, steam, air, water etc. required for production. _____

3)

a) State whether your machinery is?

Indigenous Imported Mix of Both

b) Whether the spare parts are available in India or not?

Yes No

c) Are there any alternative means of maintaining production by -

- i) the work being done at other premises ? Yes No
 If yes, to what extent _____
 ii) hiring temporarily suitable replacement machine Yes No
 iii) by any other means Yes No

4) What are your normal working hours?

- a) _____ Hrs. per day
 b) _____ Days per week.
 c) _____ Days per year.

d) Can extra shifts be worked to make up production loss? Yes No

5) If the business is 'Seasonal' indicate the period of high and low output or turnover and indicate the degree of fluctuation. State if there is a tendency of fluctuations due to demands. _____

6) State what terms are required for Loss of Profits insurance with regard to -

C) Indemnity period (max.36 months) _____

7) INSURED STANDING CHARGES - Please indicate charges to be insured - delete or supplement as appropriate -

Description of Overheads	Amount in (INR)
a) Interest on Debentures Motor Upkeep and Licenses:	
b) Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts:	
c) Water Charges	
d) Directors' Fees and Office Expenses:	
e) Remuneration	
f) Rents and Rates	
g) Salaries including State Insurance Contribution	
h) Taxes other than those chargeable on Profits	
i) Insurance Premiums	
j) Contributions to Pension Fund	
k) Telephone Rentals	
l) Miscellaneous Charges	

m) Traveling Expenses	
n) Advertising Cost	
o) Auditors' and Legal Fees	
p) Trade and Charitable Subscriptions	
q) Repairs and renewals chargeable to revenue account	
r) Depreciations of Buildings/ Machinery Plant and Motor Vehicle	

8) State the Sum Insured on -

C) Gross Profit under the Loss of profits Policy? Rs. _____

b) On Wages (Alternative forms of cover available)

i) _____ Weeks wages to the extent of _____ % of the total wage roll OR Rs. _____

ii) Wages to the extent of _____ % of the total wages for roll. OR Rs. _____

iii) Total wages for the first _____ weeks followed by _____ % for the remainder of the Indemnity Period OR Rs. _____

C) On Auditors/Accountants Fees - (cost incurred in the preparation of claims.) Rs. _____

9) Are your books regularly audited? Yes No

a) If yes, provide name & address of your auditors _____

b) When does your financial year end? _____

c) Date of commencement of Insurance? From _____ to _____

10) Do you wish to cover the goods lying at the supplier's premises? Yes No

11) If yes, state the amount to be covered _____

12) Do you wish to extend the cover loss due to accidental failure of public electricity/gas/water supply?

Yes No

If yes indemnity Period for Extension to cover loss due to accidental failure of public electricity/gas/water supply?

(Maximum 60 days) _____

DETAILS OF VOLUNTARY EXCESS

1) Do you wish to opt for higher excess? Yes No

If yes give details:

<i>1.1. Table of discounts for Voluntary Deductibles (Non-Petrochemical Plants)</i>	
Deductible	Discount (%)
7 days Gross Profit subject to minimum of Rs.10 lakhs	2.5
14 days Gross Profit subject to minimum of Rs.20 lakhs	5
21 days Gross Profit subject to minimum of Rs.30 lakhs	7.5
28 days Gross Profit subject to minimum of Rs.35 lakhs	10
35 days Gross Profit subject to minimum of Rs.40 lakhs	15
60 days Gross Profit subject to minimum of Rs.45 lakhs	25

<i>1.1. Table of discounts for Voluntary Deductibles Petrochemical Plants)</i>	
Deductible	Discount (%)
7 days Gross Profit (compulsory as per Tariff)	Nil
14 days Gross Profit subject to minimum of Rs.20 lakhs	5



21 days Gross Profit subject to minimum of Rs.30 lakhs	7.5
28 days Gross Profit subject to minimum of Rs.35 lakhs	10
35 days Gross Profit subject to minimum of Rs.40 lakhs	15
60 days Gross Profit subject to minimum of Rs.45 lakhs	25

CLAIM DETAILS & PAST INSURANCE DETAILS

Year	Premium Paid	Total Claims

PAST INSURANCE DETAILS

- a) Name of the Company _____
- b) Policy Type _____
- c) Period of Insurance
FROM _____ TO _____

Has any Company in respect of MLOP Policy:

- a) Declined your proposal
YES NO
- b) Cancelled or refused to renew your proposal?
YES NO
- c) Accepted your proposal on special terms & conditions?
YES NO

PAYMENT DETAILS

Cheque DD Cash Pay – Order Any Other (Please Specify) _____

Amount (Rs.) _____ /- Amount in Words (Rupees _____)

Bank Name _____ Cheque/DD Date _____

DECLARATION BY PROPOSER

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal forming part of the company's standard policy shall be basis of contract between me/us and the insurance company. I/We further declare that the sum insured herein represent the full value of the property described herein. I/We further hereby declare that the proposed assets are bought out of legal funds and I / We have an insurable interest in the assets to be insured.

PLACE

DATE

Signature of Proposer

Section 41 of Insurance Act 1938

PROHIBITION OF REBATES –

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Note: For Premium in excess of of Rs. 1 Lac, the self attested copy of PAN Card and address proof duly certified by an authorised person of Shriram General Insurance Co. Ltd. is attached herewith.